

A PROBLEM THAT MUST BE SOLVED

Mr. Chairman, I welcome the opportunity to appear before this Committee. I know of no single domestic problem facing our nation today that is more important than this question of how to bring the benefits of modern medicine to those who need them most--our elderly and aging people. My pleasure at being asked to present my views is intensified by the fact that the proposed legislation we are discussing bears the name of my close friend and colleague from Rhode Island.

Unfortunately, a characteristic of most problems seems to be that the more important they are, the more complex and difficult are their solution. Obviously there is no easy answer to a problem which is compounded of the individual medical, economic and social problems of the 11,000,000 people in this country today who are over 65 plus the 5,000,000 other aged, disabled, and dependent children for whom this bill seeks to provide urgently needed medical and hospital services.

Both as a member and for the past several years as Chairman of the House Sub-Committee that considers the annual appropriation requests of the Department of Health, Education, and Welfare, I have had to dig deeply into the public health and medical research activities of that department.

We have encountered extraordinarily complex administrative, economic and technical situations in attempting to determine the directions and the levels at which these vital activities should be financed. Our Sub-Committee long ago learned that in any aspect of medical science we must

depend heavily on the advice of experts both from outside and from inside the Federal establishment. The experts have not uniformly agreed among themselves but always we ultimately have achieved reasonable compromises and the programs have gone forward in a most vigorous and satisfactory manner.

As a direct result of rapidly expanding nationwide medical research that our Sub-Committee has stimulated and financed through annual appropriations to the National Institutes of Health, the dimensions of medical knowledge have been greatly enlarged.

New basic concepts of health and disease have been evolved. Improved methods of diagnosing, treating and preventing disease are emerging at an accelerated tempo. Heart disease is a less formidable killer of men in the prime of life now than 10 years ago and much greater advances seem inevitable in the years ahead. There are promising clues which may soon lead to at least a partial victory over cancer, the second greatest killer. There is new hope for millions with arthritis, with mental illness, and for those with several of the neurological and blinding disorders. Good control seems inevitable for many of the infectious diseases that previously have defied our doctors. The growing threat of air and water pollution is being tackled by every means of scientific investigation. The nation's resources of manpower and facilities for medical research have been immensely strengthened.

All this has been achieved through federally aided programs working in close concert with research people in our universities, hospitals, and

industrial laboratories. It has been achieved with the enthusiastic support and cooperation of medical and other professional organizations, business, labor and the great voluntary health agencies representing every segment of U. S. citizenry. The rights, the freedom and the research programs of individual scientists and their institutions, of professional organizations and of industry have been strengthened rather than weakened.

The obvious purpose of medical research is to find new knowledge applicable to the health problems of people. Clearly, therefore, ways and means are required through which private physicians, hospitals and health departments can apply this new knowledge for the benefit of individual human beings. For those who have the resources to pay for receiving these benefits we need not be concerned. No fair minded citizen however, can fail to be concerned over the fact that many millions cannot pay for the simplest kinds of medical and hospital services, much less for the very expensive newer procedures which science has developed for saving lives.

Speaking now as a reasonably well informed citizen only, and not as an expert in the economics of insurance and medical care, I am appalled to find what appears to be an irreconcilable division of opinion between the camps of those who favor and those who object to the bill being considered by this committee.

Again as one who has not had time to go deeply into the issues involved, it appears to me that opinions on both sides are based as much on emotion and prejudice as upon demonstrable fact. I cannot help but believe we need a little more open minded willingness to seek acceptable compromises or alternative solutions.

My reading of the arguments for and against this bill revealed a curious deficiency in one important respect. Because of my extensive association with medical scientists I looked for accounts of planned experiments, or of objectively studied experiences applicable to these issues of prepaid medical costs with Federal, State or other official participation. Such studies may have been reported in previous hearings but I did not run across them in the brief amount of homework I have been able to devote to this problem. I gather this need for objective, factual data was recognized by the Committee when it requested the Secretary of Health, Education and Welfare to conduct a study of various alternative proposals of financing hospital and nursing home care for the beneficiaries of old-age, survivors and disability insurance.

The Secretary's report of that study is a good start toward the kind of thing I was looking to find. But I think we still need to consider whether it is possible to apply to this question some of the principles of scientific research. Perhaps we need a few controlled experiments designed to test the various hypotheses advanced for and against the principles embodied in this bill.

As I see this problem there are a number of points upon which nearly everyone agrees.

1. Our population is expanding rapidly. The proportion of people in the older brackets and thus having greater need for health services is increasing even more rapidly.
2. Due partly to advances in medical technology the costs of medical care and hospitalization are increasing and probably will continue to increase at a rate steeper than the general rise in living costs.
3. For the great majority of our older people the costs of needed care are totally beyond their capacity to pay.
4. A prepayment system of some kind is necessary if these people are to obtain the care they must have.
5. Great progress has been made in recent years with voluntary prepayment systems of various kinds but these systems are rarely applicable when the individual's income is reduced drastically because of disability or retirement.
6. Prepayment through the already well established and successful nationwide system of Federal Insurance for the aged, the dependent survivors and the disabled is apparently the best available mechanism.
7. The great traditions and achievements of medicine in this country are based on the principle of freedom from governmental or other interference.

8. On the other hand, Federal medical and health programs such as those conducted by the Public Health Service, the Veterans Administration and the Armed Services provide medical and hospital care fully equal in quality to purely private medical and hospital services.
9. The magnitude of the operation proposed in this bill would almost certainly require a certain degree of Federal regulations.
10. Hospitals are already overcrowded and understaffed. Many are verging on bankruptcy due to hospitalization (frequently unnecessary) of beneficiaries of existing prepayment plans which are not adequate to cover the mounting costs of hospital care. The additional demands on hospitals that would be created by the proposed amendment to the Social Security Act would seriously aggravate this bad situation.
11. Means for greater utilization of less expensive facilities and programs such as high quality nursing homes, outpatient clinics, and home care plans must be explored--both for private use and in conjunction with prepayment plans of various kinds. All such variants on and departures from the full general hospital and personalized medical attention must function under adequate medical auspices.
12. The natural tendency of all big institutions is toward achieving still greater size and power. This is as true of medicine and labor as it is industry and government. The rights

of individuals, the dignity of the individual, and the wishes and needs of the individual tend to be overwhelmed by these big institutions.

13. Thus, this Committee and the country must be alert to safeguarding against the encroachments of organizations which because of sheer size tend to neglect the rights, needs and desires of individuals.

I am sure there are many other points on which both the opponents and proponents of Federally sponsored, prepaid medical care could agree.

I should like to mention one other such point of mutual concurrence.

Everyone should be able to agree that, in theory at least, the final solution of this problem should be based on fact and truth rather than opinion, exaggeration, prejudice and conjecture.

Medical science would still be in the dark ages if both scientists and laymen had not long ago accepted this cardinal principle. In other fields the advantages, the necessity of the scientific, experimental approach are equally well recognized--agriculture, for example; or weather forecasting; or in geology; or in atomic fission and space exploration.

By now, what I am leading up to should be apparent.

Why not explore the possibilities of several large scale experiment in the various proposals for achieving better medical care of the aged that

have been put forward in the last decade? Why not see if there may be still other approaches worth exploring?

Perhaps this is not possible in an area which is as much political, economic and sociological as it is medical. If so, I think we should be shown why it is so.

My own Committee is embarked on an ambitious program for expanding medical and biological research in the field of aging.

Our scientific advisors told us a few years ago that much better health for our older people is not only possible but probable, provided we would press forward with increasingly larger programs of medical and biological research on every level, from studies of the aging process itself in man and in lower forms of animal life.

A good beginning has been made in Federal and state agencies, in universities and in private research institutions. As an example, let us take the National Institutes of Health, which is the Federal government's focal point for medical and biological research in aging. In 1955, expenditures at NIH for research in this field totaled less than \$500,000. By January 31, 1958, the total had reached \$2,600,000 for projects secondarily related to aging--a total of something over \$5 million. Today, a year later, NIH expenditures in aging research total nearly \$10 million.

In considering these figures, it is important to understand that more than 95 percent of this money is being spent to help finance research

by non-Federal agencies -- such as medical schools and universities. There are about 400 such outside research and training projects. Various groups in nearly every state in the nation are using this money to help solve the medical and biological problems in aging. The overall program derives much of its strength from the great diversity of research institutions and scientific minds directed toward the problem.

Of particular interest are two very large projects located in universities. In such settings, the programs are able to draw on many different types of scientific disciplines and personnel, all concentrated on different facets of the aging problem. Periodically, the different university departments hold seminars in which their respective findings are discussed and correlated with other findings. This makes for improved communication between the different fields of medical and biological research and thus speeds the process of finding the answers we need.

There is an amazing variety to these research programs. We have scientists studying various edible leaves, for example, to help determine the part that vegetable oils play in arteriosclerosis. Others are carrying out very basic studies on the changes in tissue that occur with age. Several are studying the relationship between the various glands of the body and aging. Some are inquiring into the possible effects of radiation and genetics. Still others are studying sociological problems as a cause, and as a result, of aging.

Despite this good start on research in aging, it is as yet only a start. We have made great progress, but the scientists will tell you very quickly that the results of their work so far have mainly revealed that they know much less than they thought they did. They are just beginning to learn how big the task really is.

My proposal that planned research similar to that we are supporting on the purely medical and biological problems of aging be applied to the medical and hospital care problems is not new. The author of the bill under consideration mentions research in a statement issued February 18th in connection with his reintroduction of the bill before this Congress. I quote from that statement:

"Another worthwhile suggestion that has been made is that Congress should provide funds from general revenues for demonstration projects in the treatment and rehabilitation of aged persons. Grants to hospitals and other appropriate organizations could contribute greatly to patterns and practices that would help our older citizens to lead self sufficient lives even after serious illness."

Earlier in Mr. Forand's statement he reminded the Congress that the importance of the problem, and its complexities suggests a sub-committee should be appointed and adequate technical staff provided. In this way it would be possible to conduct thorough and completely independent study. His proposal would also facilitate obtaining the opinions, experiences and advice of those individuals, institutions and organizations throughout the country who have the most intimate knowledge of the technical aspects of this question.

With both of these suggestions, I am in complete accord. Field research and planned demonstrations of many kinds of qualified investigators seem to be urgently needed. Staff inquiry and analysis on a continuing basis, both of new data and of existing experience, seem more than justified. I shall do all I can to support both these proposals inside and outside the Congress.

In conclusion, I would like to emphasize one point that has been made before by many people, not only by those who favor this bill but by those who have had grave reservations about it. In fact, here is one of those areas of virtually unanimous agreement which I hope will serve as the basis for all testimony here, all the research I propose, and all the action by the Congress.

The point I want to stress is simply this.

A great, proud, wealthy and humanitarian nation no longer can afford to let millions of elderly, helpless, or dependent citizens suffer needless pain, disability and death. We have the medical knowledge to alleviate many of their medical problems. We are rapidly gaining even more valuable knowledge. Some means must -- I repeat -- must be found for bringing that knowledge to those who need it most.